

DEPARTMENT OF HEALTH & HUMAN
SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE PLAN PAYMENT GROUP

DATE: March 20, 2024

TO: All Medicare Advantage, Cost, PACE, and Demonstration Organizations Systems Staff

FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Encounter Data Software Release Updates: March 2024 Release

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the systems related to accepting and processing encounter data to support the Medicare Advantage (MA) program. The changes described in this memo impact the Encounter Data Processing System (EDPS) and are effective for submissions beginning March 29, 2024.

New Edits

Edit 25085 ‘Invalid TOB for NPWT Procedure’ – is a new line level institutional informational edit that validates the disposable Negative Pressure Wound Therapy HCPCS A9272 is submitted on home health (TOB 32X) encounters for dates of service on or after 01/01/2024.

Edit 25085 will post when:

- Service line HCPCS is A9272 and
- Header ‘through’ date is on or after 01/01/2024 and
- TOB is not equal to 032X

Edit 25090 ‘NPWT Procedure Not Allowed on TOB 34X’ – is a new line level institutional informational edit that validates the disposable Negative Pressure Wound Therapy CPT codes 97607 or 97608 are not submitted on home health (TOB 34X) encounters for dates of service on or after 01/01/2024.

Edit 25090 will post when:

- TOB is 034X and
- Header ‘through’ date is on or after 01/01/2024 and
- Service line CPT code is 97607 or 97608

Edit 22325 ‘Invalid Attending Physician NPI’ - is a new header level institutional informational edit that will validate the attending physician NPI submitted is a valid NPI and is an individual NPI, not an organizational NPI, for header ‘through’ date on or after 04/01/2023.

Edit 22325 will post when:

- Header ‘statement through’ date is on or after April 1, 2023 and
- Attending physician NPI is NOT the valid institutional atypical NPI 1999999976 and
- Attending physician NPI is not found in the NPPES data table for the encounter header ‘statement through’ date

OR

- Attending physician NPI is found in the NPPES data table and entity type code is NOT ‘1’ (Individual NPI) for the encounter header ‘transaction through’ date.

Edit 22325 will be bypassed if any of the following conditions are true:

- Condition code M1 or A6 is present.
- TOB is 013x, 014x, 023x, 034x, 072x, 075x, or 087x and encounter data record only contains OTC HCPCS K1034 lines.
- TOB is 041X (Religious Non-Medical Healthcare Institutions)
- TOB is 032X (Home Health)
- Encounter data record only contains revenue code 0403 service lines (Screening Mammography)
- TOB is 013X, 022X, 023X or 085X and encounter data record only contains revenue code 0540 (Ambulance services)
- TOB is 085X and encounter data record only contains revenue code(s) 096X, 097X, or 098X (Professional services)
- Encounter data record has no covered charges on any service lines
- Encounter data record has all the service lines contain an ‘AB’ modifier.
- First 2 digits of billing provider CCN contains 56, 59, or 99 (Foreign Providers)
- 6th position of billing provider CCN is ‘F’ (Military Treatment Facilities)

Edit 31015 ‘Multiple IVIG HCPCS Q2052 Same DOS’ – is a new header level durable medical equipment (DME) informational edit that will validate that the Home Intravenous Immune Globulin (IVIG) HCPCS code Q2052 is not submitted multiple times for the same dates of service effective for dates of service on or after 01/01/2024.

Edit 31015 will post when:

- Encounter service line ‘from’ date is on or after January 1, 2024 and

- Encounter service line contains HCPCS code ‘Q2052’ and
- Another service line exists with ‘Q2052’ for the same ‘from’ and ‘through’ date of service within the same encounter.

Edit 31020 ‘Invalid POS for IVIG HCPCS Q2052’ – is a new line level durable medical equipment (DME) informational edit. This edit validates the place of service (POS) on the line with the submitted IVIG HCPCS code Q2052 for dates of service on or after 01/01/2024.

Edit 31020 will post when:

- Encounter service line ‘from’ date is on or after January 1, 2024 and
- Service line contains HCPCS code ‘Q2052’ and
- The service line POS is not 12, 13, 14, 32, 33, 54, 55 or 56 or
- The header POS is not 12, 13, 14, 32, 33, 54, 55 or 56 when line POS is blank

Edit 27050 ‘TOB not allowed for REH Providers’ – is a new header level institutional informational edit that will validate that Rural Emergency Hospital (REH) providers with provider specialty of ‘24’ and CCN range of ‘XX0001 through XX0879’ are submitted with type of bill 13X or 14X effective for dates of service on or after January 1, 2023.

Edit 27050 will post when:

- Billing provider specialty is ‘24’ and
- Billing provider CCN range is ‘XX0001 through XX0879’ and
- TOB is NOT 013X or 014X and
- Header ‘transaction from’ date is on or after 01/01/2023

Edit 32090 ‘Missing Lymphedema Diagnosis Code’ – is a new line level DME informational edit that will validate the Lymphedema Compression Treatment HCPCS submitted with Lymphedema ICD-10 diagnosis codes effective for dates of service on or after January 1, 2024. The Lymphedema Compression Treatment HCPCS are found in DMEPOS fee schedule with a payment category indicator of ‘LC’.

Edit 32090 will post when:

- HCPCS code billed on the service line exists in DMEPOS fee schedule and
- The ‘payment category indicator’ for the HCPCS is ‘LC’ in DMEPOS fee schedule for the service line ‘from’ date and
- The ICD-10 diagnosis code is not equal to one of the following ‘Lymphedema’ Dx code: I89.0, I97.2, Q82.0 or I97.89 and
- Service line ‘from’ date is on or after 01/01/2024

Edit 21165 ‘Missing IOP Services’ – is a new header and/or line level institutional informational edit that will validate the Federally Qualified Health Centers (FQHC) (TOB 77X) and Rural Health Clinics (RHC) (TOB 71X) encounters for Intensive Outpatient Program (IOP) services with condition code 92 are submitted with at least one primary IOP HCPCS code within the same encounter data record effective for dates of service on or after 01/01/2024. The edit will also validate the FQHC and RHC services with revenue code 0905 are submitted with one of the IOP HCPCS codes and RHC services with revenue code 0905 and modifier ‘CG’ are submitted with a Primary IOP HCPCS code effective for dates of service on or after 01/01/2024.

Edit 21165 will post at header level when:

- TOB is 071X or 077X and
- Condition code is 92 (IOP) and
- Header ‘transaction from’ date is on or after 01/01/2024 and
- Encounter is missing at least one primary IOP HCPCS code from Appendix C, List A: IOP Primary Services

Edit 21165 will post at line level when:

- TOB is 071X or 077X and
- Service line ‘from’ date is on or after 01/01/2024 and
- Service line contains revenue code 0905 and
- Service line does not contain IOP HCPCS code (Primary or Add-on) from Appendix C, List A: IOP Primary Services or List B: IOP Services

Or

- TOB is 071X and
- Service line ‘from’ date is on or after 01/01/2024 and
- Service line contains revenue code 0905 and
- Modifier is ‘CG’ and
- Service line does not contain primary IOP HCPCS code from Appendix C, List A: IOP Primary Services

Updates to existing Informational Edits

Edit 22445 ‘Invalid Rev Code for NWPT procedure’ – is an existing line level institutional informational edit that validates the disposable Negative Pressure Wound Therapy CPT codes 97607 or 97608 are submitted with the home health type of bill (TOB 34X) and with revenue codes 42x, 43x, or 559. The logic is updated to validate this only for dates of service prior to 01/01/2024 since these CPT codes are no longer allowed to be submitted on TOB 34X for dates of service on or after 01/01/2024. The new condition is in **bold**.

Edit 22445 will post when:

- TOB is 034X and
- Procedure code is 97607 or 97608 and
- Revenue code is NOT one of the following codes: 042x, 043x, or 0559 **and**
- **Header ‘transaction through’ date is prior to 01/01/2024**

Edit 22460 ‘Invalid Modifier for NWPT procedure’ – is an existing line level institutional informational edit that validates the disposable Negative Pressure Wound Therapy CPT codes 97607 or 97608 are submitted with the home health type of bill (TOB 34X) and with revenue codes 42x or 43x, and therapy plan of care modifier is ‘GO’ or ‘GP’. The logic is updated to validate this only for dates of service prior to 01/01/2024 since these CPT codes are no longer allowed to be submitted on TOB 34X for dates of service on or after 01/01/2024. The new condition is in **bold**.

Edit 22460 will post when:

- Type of Bill is 034X and
- Revenue code is 042x or 043x and
- Procedure code is 97607 or 97608 and
- Therapy plan of care modifier ‘GO’ or ‘GP’ is present on the same encounter service line **and**
- **Header ‘transaction through’ date is prior to 01/01/2024**

Edit 31100 ‘Invalid Dx Code for CPT/HCPS’ – an existing line level DME informational edit is updated to include new listed ‘J’ codes that correspond with ICD-10 diagnosis codes. Please see Appendix B for a full list of the J codes and corresponding diagnosis codes. Codes in **bold** are new.

Edit 31100 will post when:

- If the encounter service line contains a HCPCS code from Appendix B and
- The ICD-10 diagnosis code submitted on the encounter data record does not match one in Appendix B.

Edit 22095 – ‘DME Must Be Submitted on 837-P’ – is an existing line level institutional reject edit that validates the submission of DME HCPCS from Competitive Bidding Program (CBP) on the home health (TOB 32X and 34X) encounter data record and beneficiary is located in a Competitive Bidding Area (CBA). This edit is being updated to bypass during temporary gap periods in the DME CBP that are CY2019 to CY2020 and from CY2024 onwards. The edit will post to the encounters for any period outside of the temporary gap periods. In addition, for dates of service on or after Jan 2021, the edit is applied only for back braces and off-the-shelf (OTS) knee braces product categories. Also, edit description is updated to ‘DME CBA HCPCS Not Allowed on HH’.

Edit 22095 will post when:

- Type of bill is equal to 032X or 034X and
- Procedure code submitted on the service line is present in the CBIC CBA HCPCS file and
- Service line ‘from’ date is within the effective and termination dates for the DME procedure code present in the CBIC CBA HCPCS file and
- Service line ‘from’ date is not within temporary gap periods
- Beneficiary is located in a Competitive Bidding Area (Based on the Beneficiary’s Zip Code in 2010BA loop)

List of product categories included in each round of DMEPOS CBP is found at:

Round 2021 DME CBA Product Categories:

<https://dmecompetitivebid.com/cbic/cbicr2021.nsf/DocsCat/IOH71ITDM2>

Round 1 2017 DME CBA Product Categories:

[CBIC - Round 1 2017 - Product Categories \(dmecompetitivebid.com\)](#)

Update to Existing Reject Edit

Edit 18705 – ‘Invalid Discharge Status’ – is an existing institutional reject edit that validates the submitted discharge status is valid for inpatient encounters. This edit is being updated to align with Medicare Code Edit 16. Details about Medicare Code Edit 16 can be found on page 374 of the Definition of Medicare Code Edits available at this link

<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/ms-drg-classifications-and-software>

Edit 18705 will post when:

- A discharge status code other than: 01, 02, 03, 04, 05, 06, 07, 08, 20, 21, 30, 43, 50, 51, 61, 62, 63, 64, 65, 66, 69, 70, 71, 72, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95 is submitted on the inpatient encounter data record.

Deactivated Edit

Edit 22455 ‘HH episode not available for NWPT’ is an existing line level institutional informational edit which has been deactivated.

Questions can be submitted to RiskAdjustmentOperations@cms.hhs.gov, please specify, “Encounter Data Software Release Updates: February 2024 Release” in the subject line. Thank you.

Appendix A

The Memo contains patient discharge status codes, revenue, and condition codes. The American Hospital Association (AHA) has granted to the Centers for Medicare & Medicaid Services (CMS or the agency) and its authorized agents a limited, royalty-free permission to reproduce portions of the National Uniform Billing Code (NUBC) UB-04 Data Specifications Manual and a limited license to use NUBC UB-04 Specifications Data in CMS publications, both print and electronic media, as agency requirements demand.

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Appendix B

HCPCS CODE	ICD-10 DIAGNOSIS CODES
J1459	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1556	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1557	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1561	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1566	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1568	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1569	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1572	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3

HCPCS CODE	ICD-10 DIAGNOSIS CODES
J1554	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1599	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3
J1576	D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.82 (from dates of service on or after 10/1/22), D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3

Appendix C: IOP HCPCS/CPT

List A: IOP Primary Services

HCPCS/CPT	Short Descriptor
90832	Psytx pt&/family 30 minutes
90834	Psytx pt&/family 45 minutes
90837	Psytx pt&/family 60 minutes
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
90853	Group psychotherapy
90880	Hypnotherapy
96112	Devel tst phys/qhp 1st hr
96116	Neurobehavioral status exam
96130	Psychological testing evaluation by physician/qualified health care professional; first hour
96132	Neuropsychological testing evaluation by physician/qualified health care professional; first hour
96136	Psychological/neuropsychological testing by physician/qualified health care professional; first 30 minutes
96138	Psychological/neuropsychological testing by technician; first 30 minutes
G0410	Grp psych partial hosp/IOP 45-50
G0411	Inter active grp psych PHP/IO

List B: IOP Services

HCPCS/CPT	Short Descriptor
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis

List B: IOP Services

HCPCS/CPT	Short Descriptor
90846	Family psytx w/o patient
90847	Family psytx w/patient
90849	Multiple family group psytx
90853	Group psychotherapy
90880	Hypnotherapy
90899	Psychiatric service/therapy
96112	Devel tst phys/qhp 1st hr
96116	Neurobehavioral status exam
96130	Psychological testing evaluation by physician/qualified health care professional; first hour
96131	Psychological testing evaluation by physician/qualified health care professional; each additional hour
96132	Neuropsychological testing evaluation by physician/qualified health care professional; first hour
96133	Neuropsychological testing evaluation by physician/qualified health care professional; each additional hour
96136	Psychological/neuropsychological testing by physician/qualified health care professional; first 30 minutes
96137	Psychological/neuropsychological testing by physician/qualified health care professional; each additional 30 minutes
96138	Psychological/neuropsychological testing by technician; first 30 minutes
96139	Psychological/neuropsychological testing by technician; each additional 30 minutes
96146	Psychological/neuropsychological testing; automated result only
96156	Hlth bhv assmt/reassessment
96158	Hlth bhv ivntj indiv 1st 30
96161	Admin of caregiver – focused hlth risk assmt for ben of patient HCPCS/CPT Short Descriptor
96164	Hlth bhv ivntj grp 1st 30
96167	Hlth bhv ivntj fam 1st 30
96202	Multiple-family group behavior management/modification training for parent(s) guardian(s) caregiver(s) with a mental or physical health diagnosis up to 60 minutes
96203	Multiple-family group behavior management/modification training for parent(s) guardian(s) caregiver(s) with a mental or physical health diagnosis each addtl 15 minutes
97151	Bhv id assmt by phys/qhp

List B: IOP Services

HCPCS/CPT	Short Descriptor
97152	Bhv id suprt assmt by 1 tech
97153	Adaptive behavior tx by tech
97154	Grp adapt bhv tx by tech
97155	Adapt behavior tx phys/qhp
97156	Fam adapt bhv tx gdn phy/qhp
97157	Mult fam adapt bhv tx gdn
97158	Grp adapt bhv tx by phy/qhp
97550	Caregiver training 1st 30 min
97551	Caregiver training ea addl 15
97552	Grp caregiver training
G0023	Navigate srv 60 min per m
G0024	Navigate srv add 30 min per m
G0129	PHP/IOP service
G0140	Nav srv peer sup 60 min pr m
G0146	Nav srv peer sup add 30 pr m
G0176	Opps/php/IOP; activity thrpy
G0177	Opps/php/IOP; train & educ
G0410	Grp psych PHP/IOP 45-50
G0411	Interactive grp psyc PHP/IOP
G0451	Development test interpt&re